## **BEST AVAILABLE COPY**

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			19					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<i>19</i> minus 20=		. 0			X\$ 9=		OR	X\$18=	ž
INDEPENDENT CLAIMS			2 minus 3 =		. 0			X40=		OR	X80=	2.
MULTIPLE DEPENDENT CLAIM PRESENT							<u> </u>					
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+135=		OR	+270=	76
								TOTAL		OR		70
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL ENTITY O			OR	OTHER THAN OR SMALL ENTITY	
AMENDMENT A	e de contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata del contrata del contrata de la contrata del contrata d	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	,
							· <b>!</b>	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) 18 64 (Column 2) (Column 3)								) )			ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							ΑE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	П	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	•	=	]	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝					
	If the entry in colu	mn 1 is less than 1	the entry in col	ımn 2 writ	e "0" in c	olumn 3		+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number